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| | RULE | | | |

APPLICANTS

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**** CONTINUING DATA *******
**** FOREIGN APPLICATIONS *******
IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 12/22/2003**

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL | INDEPENDENT |
|---------------------------------|--|---------------------|-----------|-----------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | ICELAND | DRAWING 5 | CLAIMS 39 | CLAIMS 5 |
| Verified and Acknowledged | Examiner's Signature  | Initials | | | |

ADDRESS

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TITLE

Low profile active shock module prosthesis

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| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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